

415 Walnut Avenue  
Santa Cruz, CA 95060  
831-429-3947

# Santa Cruz High School Music Department

## Santa Cruz High School Band Emergency Medical Form

Student Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_  
Relative or friend to contact in case of emergency (other than above) :  
Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

### Medical Treatment Information

Have you had any serious illness, surgery or injury? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe and give date: \_\_\_\_\_  
Describe any medical problems we should know about: \_\_\_\_\_

Do you take any medication on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, describe: \_\_\_\_\_  
List any allergies or sensitivities: \_\_\_\_\_  
Do you have medication for this with you? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, what? \_\_\_\_\_  
Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone ( ) \_\_\_\_\_

I hereby give my permission to SCHS Band Director or her agent to act in my behalf to authorize emergency medical or dental treatment. I further release the Santa Cruz City Schools and the Band of all liabilities insofar as standard medical or dental procedures are followed in dealing with my son/daughter. I also release Santa Cruz City Schools and the Santa Cruz High School Band of any responsibility for problems that may be incurred by my son/daughter if he/she does not stay with the group at appointed places and specified times.

Parents are hereby advised that Mrs. Latham and/or her designated assistant have the right, granted to them by the Santa Cruz City Schools, to search luggage and belongings if drugs and or alcohol are suspected.

Your student will be sent home if serious discipline problems arise. If YOU wish your child sent home in case of injury, medical or family crisis, the expense will be paid by for by the family.

\_\_\_\_\_  
Parent/Guardian Signature Date Signed